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**REVOCATION OF POWER OF
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NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	09/833,893
Filing Date	6/18/2001
First Named Inventor	Keith Manson
Art Unit	2834
Examiner Name	Lamont Spooner
Attorney Docket Number	358008.00100

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number: 58078

Please change the correspondence address for the above-identified application to:

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OR

Firm or
Individual Name: Reed Smith, LLP

Address: Two Embarcadero Center, Suite 2000

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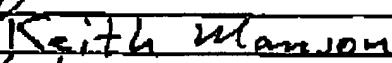
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I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature: 

Name: Keith Manson

Date: 7/8/2006 Telephone: (510) 285-4611

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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